NHS
West Suffolk
NHS Foundation Trust

Patient information

# Induction of labour

## What is induction of labour?

Induction of labour (IOL) is a process which aims to artificially start your labour. It is a common procedure occurring in around one third of pregnancies (NHS Digital, 2021).

## Why am I being offered induction of labour?

You may be offered or recommended IOL for a variety of reasons, for example if there are concerns about the wellbeing of you or your baby, or if your waters break before labour starts.

One of the most common reasons for IOL in a low-risk pregnancy with no complications is because your pregnancy is overdue. In line with national guidance (National Institute for Health and Care Excellence (NICE 2021)), we offer IOL from 41 weeks gestation if you have not spontaneously gone into labour.

If a low-risk pregnancy continues beyond 42 weeks, there is a very small but significant increase in risk of:

- a baby being admitted to the neonatal unit
- stillbirth
- neonatal death
- having a caesarean birth.

In the UK, 1 in 3 labours are induced.

This could be because your baby is overdue or there are concerns for the health of you or your baby.

Putting you first

The below tables show some data on these risks:

| | **Induction at 41 weeks** | **Induction at 42 weeks** |
|---|---|---|
| Babies admitted to the neonatal unit | 300 babies per 10,000 (9,700 babies would not be admitted) | 440 per 10,000 admitted (9,560 would not be admitted) |
| Stillbirth/perinatal death | 4 per 10,000 babies (9,996 would not die) | 35 per 10,000 (9,965 would not die) |

| | **Induction at 39 weeks** | **Induction at 40-42 weeks** | **Induction of labour at 43 weeks** |
|---|---|---|---|
| Caesarean birth (first baby) | 1,860 per 10,000 would be expected to have a caesarean birth (so 8,140 would not) | 2,220 per 10,000 would be expected to have a caesarean birth (so 7,780 would not) | |
| Caesarean birth (mixed parity) | | 1,330 per 10,000 women would be expected to have a caesarean birth (so 8,670 would not) | About 2,040 per 10,000 would be expected to have a caesarean birth (so 7,960 would not) |

Data tables taken from NICE Inducing Labour Guideline (2021)

There are some outcomes where risks remain the same whether you accept the offer of induction of labour, await spontaneous labour or choose a caesarean birth. These include:

- If your baby passes meconium during labour and breathes in the particles (meconium aspiration syndrome)
- Instrumental vaginal birth
- Unassisted vaginal birth (NICE 2021).

It is not possible to predict which babies will be affected, which is why induction is recommended after 41 weeks.

Before you are induced, your midwife or doctor will discuss the options available to you. You will have the opportunity to discuss:

- the option of membrane sweep
- risks associated with pregnancies that continue beyond 42 weeks
- advantages and disadvantages of induction
- options available if you decline induction
- methods of inductions available
- what happens if induction is unsuccessful.

## Membrane sweeps

Membrane sweeps have been shown to increase the chance of labour starting naturally within 48 hours of the sweep.

Your midwife or doctor can carry this out whilst performing a vaginal examination. A finger is placed inside the cervix and a circular, sweeping movement is made to separate the membranes from the cervix.

You may find this internal examination uncomfortable, and you may experience a small blood-stained show following the procedure due to the stretching of your neck of the womb (cervix). This should not cause any harm to you or your baby and is not known to increase the chance of getting an infection.

We would recommend considering a sweep prior to an induction as it may reduce the needs for other methods of IOL. Accepting a sweep does not change your proposed place of birth.

**Your midwife will discuss with you what to expect after a membrane sweep, however, if you have any fresh, red bleeding of any amount or constant abdominal (tummy) pain please contact the triage unit for advice.**

## What happens during induction?

Most inductions usually begin on our F11 antenatal ward before being transferred to the labour suite for ongoing labour care. You will be given a planned date for IOL. On this day you should receive a call from the ward by late morning giving you a time to come in (this will depend on availability of beds).

If you have been taking anti-clotting injections during the pregnancy, we usually advise that you stop taking these at least 12 hours before your induction is scheduled to take place.

If you are high risk for developing blood clots, your obstetrician may have advised that you continue to take these during the induction process. If you have any concerns,

please contact the midwives on F11 for advice.

When you arrive, you will be shown to your bed; your observations will be checked, and we will listen to your baby's heartbeat.

You will need to have an internal vaginal examination prior to starting your induction to check if the neck of the womb (cervix) is open and favourable. You are likely to need subsequent examinations to check on progress throughout the induction process. If the cervix is not open/favourable enough to be able to break your waters, you will be offered either hormonal pessaries or Dilapan rods to help open the cervix.

Inducing labour can sometimes be a long process - it may take between one and three days (sometimes longer) from the beginning of induction to delivery of your baby. You are welcome to bring reading materials, card games, or portable electronic devices for entertainment in to keep yourself occupied during the admission.

## How is labour induced?

The method of induction most suitable for you depends on your individual circumstances. This will be discussed with you by your midwife following the initial assessment and you will have the opportunity to ask any questions about the process.

West Suffolk Hospital offers three main methods of induction of labour. These are:

- Prostaglandin (hormonal) induction methods
- Mechanical induction
- Artificial rupture of membranes.

## Prostaglandin inductions

Artificial hormones called prostaglandins encourage the cervix to soften, shorten and open and contractions to start. The two prostaglandin methods that we use are either:

- Propess
- Prostin

### Propess

Propess looks like a small tampon with a string attached. This is inserted into the vagina and placed behind the cervix and remains there for 24 hours. Following its insertion, you will be put on the electronic fetal heart rate monitor again for another 20-30 minutes.

During the 24-hour period we will regularly assess both yours and your baby's well-being. We will encourage you to be mobile during this time. Unless clinically indicated

we will not perform a vaginal examination during this 24-hour period in order not to interfere with the Propess and the absorption of prostaglandins.

Depending upon your reason for induction, you may be offered to return home for the 24 hours and will be given a time to return for assessment. Further details can be found in the **outpatient induction** section.

### Prostin

Prostin can be used after Propess if it was not enough on its own to open your cervix and have your waters broken. Prostin can also be used for induction if your waters have broken but you are not contracting. Prostin is inserted into the vagina and placed behind the cervix. You will be examined vaginally after six hours to see if you need any more doses.

## Mechanical induction - Dilapan-S ®

Dilapan-S ® is a slim rod made of a synthetic firm gel. Usually, 3 - 5 rods are gently inserted together into the cervix and absorb the fluid from the surrounding tissue.

Each thin rod will gently expand up to 14mm over 12 hours (see following picture).

When the rods grow, they dilate and soften the cervix to help prepare you for labour.

Cervical ripening with Dilapan-S® is very safe for you and your baby. It is a non-hormonal method for inducing labour. It combines efficacy, safety, and patient satisfaction and because it has no drug or hormones in it, it can be used safely even if you have other medical conditions. It is less likely that you will have contractions whilst your cervix is softening, which makes this early part of labour safer and more comfortable for you and your baby.

You will lie down and have a speculum examination so that your cervix can be seen. Then a doctor or midwife will insert the Dilapan-S® rods. It will take approximately 5 - 10 minutes. The procedure can be a bit uncomfortable, but generally it is well tolerated.

Your baby's heartbeat will be monitored for about 30 minutes after the rods are inserted. A small amount of bleeding might occur during or after insertion because the

tissue is delicate, but this is common and should not be a concern.

**Your midwife will discuss with you what to expect after Dilapan-S® rods insertion, however, you should tell your midwife if you have concerns about any fresh, red bleeding of any amount or constant abdominal (tummy) pain.**

If all is well after, you will then be able to go home.

When at home please follow the advice:

- Avoid having a bath, but showering is fine. Do not use a vaginal douche.
- It is **not** safe to have sexual intercourse while the rods are in position.
- Do not try to remove the rods yourself under any circumstances.

## Outpatient induction

West Suffolk Hospital offers outpatient induction for both Dilapan and Propess.

An outpatient induction will be offered depending on your medical history and current pregnancy risk factors. Your midwife will discuss with you whether this option is suitable for you. You will come into the hospital for monitoring of you and your baby, and if both are well, your induction will be commenced. You will then be given some advice and any questions you may have will be answered before going home for 24 hours.

Outpatient induction will be completed through the Maternity Day Assessment Unit. You will be given a 1-hour time slot for you to attend on the day and most propess inductions are fully complete within this time frame. You will receive a call on the day to confirm the time for you to attend. Dilapan induction is slightly longer than Propess so plan to be on the ward for a couple of hours.

Your midwife will discuss the risk factors and the process of your induction method with you prior to starting. Your baby's heart rate will be monitored, and the Propess or Dilapan will be inserted vaginally if required. Your baby's heartbeat will be monitored again post procedure. The midwife will then give you a time to return to the F11 ward for removal of the Propess or Dilapan for continuation of your induction.

It is essential that you have a responsible adult over the age of 18 years to accompany you to the hospital car park, stay with you at home and drive you to and from the hospital. It is also important that you have a private home and a phone that is contactable so that your midwives can keep in touch with you.

## At home

Whilst at home you can go to the toilet and perform your daily activities as normal. This

is encouraged as being mobile helps prepare you for labour. It is also good to try and get some sleep and rest as this also helps prepare you for you labour ahead.

## When to call labour suite

- Excessive or persistent bleeding (of any colour)
- If you experience any pain in your abdomen that is constant and does not go away
- Rupture of the membranes (leaking fluid)
- If the Dilapan-S® rods fall out
- If the Propess falls out
- Onset of contractions
- Reduced fetal movements
- If you develop a temperature or a new persistent cough
- Any other concerns, at any time of the day or night.

## Artificial rupture of membranes (breaking your waters)

Once your cervix is open sufficiently, the next part of induction is to break your waters on the labour suite. For some people, this may be possible to do without needing any of the above induction methods.

For your and your baby's safety, this will only happen once there is a midwife available to give you 1:1 care, and there sometimes may be a delay for this step but your midwife will keep you informed if this happens.

This is carried out on labour suite by a midwife or doctor. It only takes a few minutes and is usually no more uncomfortable than an internal examination. Making a small break in the membranes and releasing the fluid around your baby allows your baby's head to apply pressure on your cervix and start or increase your contractions. Depending on your individual circumstances, you will often be encouraged to mobilise for a few hours after your waters have been broken.

## Hormone drip

If breaking your waters has not provided adequate contractions, you will be offered a hormone drip (Oxytocin) to help stimulate more frequent/stronger contractions. This is given through a drip in your arm; the rate can be easily adjusted or stopped depending on how much you need. Being on an intravenous drip can limit your movement but changing birthing positions should be possible. Once on the drip we will continuously monitor your baby's heartbeat. You will usually remain on the drip until your baby is born.

## Risks and advantages of induction of labour

- Choice of place of birth will be limited as you may be recommended interventions such as continuous heart rate monitoring or an epidural. There may be limitations on the use of a birthing pool.
- Sometimes prostaglandins (Propess/Prostin) can cause excessive contractions (tachysystole). This happens in around 5% of women using this method of induction and can lead to abnormal changes in the baby's heart rate (hyperstimulation). This can usually be reversed by removal of Propess and use of medication. It does not normally cause complications, but in rare cases a caesarean section may be required.
- An induced labour may be more painful than a spontaneous labour and may require a longer stay in hospital.
- If induction fails despite adequate methods and time given, a caesarean section may be necessary.
- You should consider the impact of induction of labour upon your birth experience when making your decision to accept or decline the offer of induction.

## Pain relief during induction

Contractions may be mild to begin with, similar to period pains or backache. You may find it helpful to try some paracetamol at this stage. You can also try simple distraction techniques such as a warm bath, massage, or a TENS machine to help you. If these do not help, your midwife will discuss with you other options available such as oral morphine or pethidine. Once you are on the labour suite, you can have an epidural if you would like. Your midwife can discuss your options with you when you are at hospital.

**Constant abdominal pain during the pregnancy or induction of labour process is not normal. Please inform your midwife if you are concerned about your level of pain.**

## Declining induction of labour

For most pregnancies labour will have commenced naturally by 42 weeks (based upon dating scan). To reduce risks associated with prolonged pregnancies, NICE (2021) recommends induction of labour is carried out before 42 weeks in low-risk pregnancies, or earlier than this in higher risk pregnancies, however, it is your choice to accept or decline this offer.

If you choose to decline induction, your midwife will discuss and make with you a plan for ongoing care and will support you in this choice.

You will be offered three options:

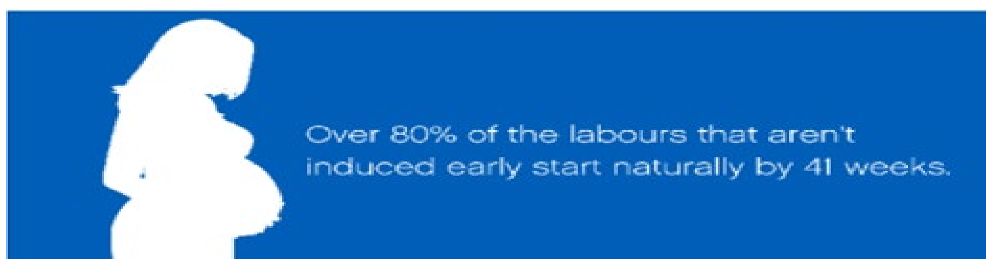
- a wait-and-see approach (expectant management)

- delayed induction at a gestation that is agreeable to you
- planned caesarean birth.

In all cases your midwife will provide you with information for you to make an informed choice.

Your midwife will also discuss and plan with you the frequency of monitoring for your baby's wellbeing. If you choose to prolong the pregnancy greater than 42 weeks it is recommended that twice weekly monitoring of your baby's heartbeat is carried out, however, this only provides reassurance at that time and cannot predict future wellbeing.

You can change your mind at any point and accept an offer of induction. Your midwife can discuss with you who to contact should you change your mind, or if you have any concerns regarding you or your baby.



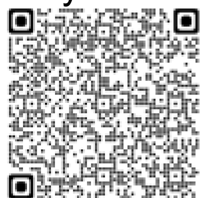

## Choosing a planned caesarean section instead of induction

West Suffolk Hospital usually do not recommend a caesarean birth unless there are specific issues complicating your pregnancy. However, there are many factors that can influence how you feel about the way you give birth, including the option to decline induction of labour.

Should you wish to choose a caesarean birth you will be referred to an obstetrician (doctor), if you are not already under their care, who will discuss with you the risks of caesarean and vaginal births depending on your individual circumstances.

The Royal College of Obstetricians and Gynaecologists (RCOG) have produced the following leaflet on planned caesarean birth which can provide further information and can be found here: Considering a caesarean birth patient information leaflet | RCOG

or by scanning the following QR code:



## What happens if my induction is delayed?

There may be occasions where there are unavoidable delays between your given date of induction, and the date that you give birth. Induction of labour is a two-part process, the first part preparing your body by softening the cervix, and the second is the breaking of the waters. In both cases a bed, and a midwife to look after you is required, first on the antenatal ward and then on the labour suite. If we are unable to safely provide either a bed, or a midwife we will always wait until it is absolutely safe for you and your baby to proceed before either starting your induction or moving onto the next step.

At this time, you will be reviewed regularly by the ward midwife and the consultant obstetrician to ensure the situation is safe for you and others. You will be kept informed of any plans made and we aim to proceed with your induction as soon as we can.

As well as peaks of activities, we can also have periods when we have beds available with no admissions due. On occasions like this, we will look at the next days planned inductions and may call you to ask if you would like to come in a day earlier to start the process if it is right for you and your baby and clinically indicated.

## Visiting information

During the induction of labour process, one birthing partner may remain with you throughout on F11.

Once on labour suite you are welcome to have up to two birthing partners.

Please bring your hospital bag with you with enough items for you and your baby for a few days stay. We do provide food and refreshments for women and pregnant people being induced, but we cannot feed partners. Vending machines or shops within the hospital offer sandwiches, crisps and cold drinks so remember your wallet and some loose change. Please also bring any papers or notes you have relating to your pregnancy.

**This section has been left blank you for to write down any questions you may have which you can discuss with your midwife or doctor at your next appointment:**

## Contact us

- Maternity day assessment unit: 01284 71272
- Labour suite: 01284 71327
- Birthing unit: 01284 71275
- F11 ward: 01284 713216

## Further information

You may find more information on:
- Dilapan: https://www.dilapan.com/
- Propess: pil.135.pdf (medicines.org.uk)
- Prostin: A guide for patients (medicines.org.uk)

National Institute for Health and Care Excellence (NICE, 2014) Intrapartum care: care of healthy women and their babies during childbirth:
https://www.nice.org.uk/guidance/cg190/chapter/recommendations

National Institute for Health and Care Excellence (Nice, 2021) Inducing Labour:
https://www.nice.org.uk/guidance/ng207

## References

National Institute for Health and Care Excellence (NICE, 2021) Inducing Labour:
https://www.nice.org.uk/guidance/ng207

NHS Digital (2021) NHS Maternity statistics, England - 2020-21:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2020-21

## Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

**If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo)**
**https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust**

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